Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01			
		FCL092059	B. WING		03/2	7/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BAINBRIDGE FAMILY CARE HOME 202 BAINBRIDGE CIRCLE GARNER, NC 27529						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Suzanna Fay					
C 174	DHSR Construction Section conducted a Biennial Survey on March 27, 2015 from 11:30 a.m. to 12:45 p.m. at the above referenced facility. DHSR records indicate the home was first licensed on May 12, 1997 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 Family Care Homes Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 North Carolina State Building Code - Section 419.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:		C 174			
	EQUIPMENT (a) The building as mechanical, and plucare home shall be operating condition	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing				
	had an accumulation	that all of the bathroom fans on of dust. Sweep or vacuum they can work properly.				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL092059	B. WING		03/27/2015	
NAME OF PROVIDER OR SUPPLIER BAINBRIDGE FAMILY CARE HOME STREET ADDRESS, CITY, STATE, ZIP CODE 202 BAINBRIDGE CIRCLE GARNER, NC 27529						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
	This Rule is not me 1. At the time of the some screens and being stored in the and provide verificate Outside Entrances/ T10: 42C .2209 OUTSIDE EN	et as evidenced by: is survey, there was a crib, other miscellaneous items attic. Remove all stored items attion of the corrective action. Exits-Single Hand Motion NTRANCES AND EXITS ocks must be easily operable, otion, from the inside at all	C 104			
	front storm door ha single action. Have disable the latch so	et as evidenced by: ey, it was observed that the s a dead bolt latch which is not e a qualified person remove or that Residents can exit with a . Provide documentation of				
C 139	T10: 42C	Exits-Free of Obstructions	C 139			

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Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED			
		FCL092059	B. WING		03/2	27/2015		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 BAINBRIDGE CIRCLE GARNER, NC 27529							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
C 139	(e) All entrances/e obstructions or imp instant use in case This Rule is not me 1. It was observed bedroom windows I engaged, could impexit out during a fire qualified person rer	exits must be free of all ediments to allow for full of fire or other emergency.	C 139					
C 143	material and so cor cleanable. (b) Scatter or thro (c) All floors must This Rule is not me 1. In Bedroom 1, the parallel to the winder to 2 inch gap between an interview with have the flooring re	ne carpet seam running bw has unraveled and left a 1 een the carpet edges. Based in the Owner, they are pricing to placed. Provide the replaced flooring through	C 143					

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